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**FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIW 3X	For Other Than An Aut	horized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Our Patients Our Voic	e PAC	1   1   1   1   1   1	
<u> </u>			
ADDRESS (number and street)	455 Capitol Mall, Suite 600		
Check if different			
than previously reported. (ACC)	Sacramento		CA 95814 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00568220		S THIS X NEW (N) C	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (N 20 (M4) Jul 20 (N	(Non-Election Year Only)
April 15 Quarterly Report (	Q1)		
July 15 Quarterly Report (0	(c) 12-Day	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)
October 15 Quarterly Report (	·		
January 31 Year-End Report (	YE) Election	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t Electic	on on	in the State of
5. Covering Period 0	1 01 2015	through 06	30 2015
I certify that I have examined the	his Report and to the best of	my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	er Ashlee N. Titus		
Signature of Treasurer Ashl	lee N. Titus	[Electronically Filed]	Date 07 13 / 2015
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Our Patients Our Voice PAC 01 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 8329.80 January 1, 2015 (b) Cash on Hand at 8329.80 Beginning of Reporting Period..... 500.00 500.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 8829.80 8829.80 6(a) and 6(c) for Column B)..... 8673.91 8673.91 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 155.89 155.89 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 397.80 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Our	<b>Patients</b>	Our	Voice	DAC
Oui	rallenis	Oui	VUICE	FAU

Report Covering the Period: From: 01	01 2015	To: 06 30 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1000 1000	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	500.00	500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		500.00
Lines 11(a)(i) and (ii)▶	500.00	500.00
(I) Palitical Part Occupitus	0.00	0.00
(b) Political Party Committees	0.00	5.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		0.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	500.00	500.00
. Transfers From Affiliated/Other	70 1 70 1 70 1	7
Party Committees	0.00	0.00
,		7 7
. All Loans Received	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other	<del> </del>	
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	,	,
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) Table Toronton (2.11.40(2) 22.1.40(1))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		500.00
12, 13, 14, 15, 16, 17, and 18(c))▶	500.00	500.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	500.00	500.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
Operating Expenditures:  (a) Allocated Federal/Non-Federal	iotai iiio i ollou	Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) N 5 1 101	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
(b) Other Federal Operating  Expenditures	8673.91	8673.91	
(c) Total Operating Expenditures	7		
(add 21(a)(i), (a)(ii), and (b))▶	8673.91	8673.91	
Transfers to Affiliated/Other Party		200	
Committees Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures	7	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loone Made	0.00	0.00	
Loans MadeRefunds of Contributions To:	5.55	3.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
-			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00		
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
(1) 11	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7	
(b) Federal Election Activity Paid Entirely  With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8673.91	8673.91	
Total Federal Disbursements		, , , , , , , , , , , , , , , , , , , ,	
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	8673.91	8673.91	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	500.00	500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500.00	500.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	8673.91	8673.91
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	8673.91	8673.91

## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) for each category of the Detailed Summary Page

1 011		110	IVIDEI		ITAGE	•		01		• •
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than usin	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Our Patients Our Voice PAC	•	
Full Name (Last, First, Middle Initial)  Robert Zadek  Mailing Address 1001 Bridgeway #721		Date of Receipt
City Sausalito	State Zip Code CA 94965	Transaction ID : INCA29  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer  Buchalter Nemer  Receipt For:	Occupation Attorney  Aggregate Year-to-Date ▼	- -
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
City	State Zip Code	-
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	al)	500.00
TOTAL This Period (last page this line num	<u> </u>	500.00

Lies concrete cohedule(s)			PAGE 7 OF 11	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Our Patients Our Voice PAC	e and address of any pointed	ar committee to	Solicit Contributions II	om such committee.
Full Name (Last, First, Middle Initial)  A. Multiplicity Media Productions, Inc.			Date of Disburseme	ent
Mailing Address 5023 N. Parkway Calabasas			01 / 14	2015
,	State Zip Code CA 91302		Transaction ID : I	EXPB19
Purpose of Disbursement Advertising Production		004	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		2250.00
	nent For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  B. Bell, McAndrews & Hiltachk			Date of Disburseme	ent
Mailing Address 455 Capitol Mall, Suite 600			02 12	2015
Sacramento	State Zip Code CA 95814		Transaction ID :	EXPB28
Purpose of Disbursement Administrative Expenses - Legal and Accounting Se	ervices	001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		703.80
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. Bell, McAndrews & Hiltachk			Date of Disburseme	_
Mailing Address 455 Capitol Mall, Suite 600			02 12	2015
Sacramento	State Zip Code CA 95814		Transaction ID : I	EXPB26
Purpose of Disbursement Administrative Expenses - Legal and Accounting Se	rvices	001	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		1280.10
	nent For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				4233.90
TOTAL This Period (last page this line number only).				

	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF 11					
ITI	EMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag	e	(check only 21b 27	one) 22 28a	23 28b	24 28c	25	
	y information copied from such Reports and Stater for commercial purposes, other than using the nam								
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Our Patients Our Voice PAC								
 А.	Full Name (Last, First, Middle Initial)				Date of	Disburs	oment		
٦.	Bell, McAndrews & Hiltachk				M M M		ement	Y	Υ
	Mailing Address 455 Capitol Mall, Suite 600			02		12	2015		
	City Sacramento	State Zip Code CA 95814			Trans	action II	) : EXPB2	4	
	Purpose of Disbursement Administrative Expenses - Legal and Accounting Se	ervices	Tr	001	Amount	of Each	Disburse	ment thi	s Period
	Candidate Name		c	ategory/ Type				9	81.75
	Office Sought: House Disburser Senate President	nent For: Primary Genera Other (specify)		Турс					
_	State: District: Full Name (Last, First, Middle Initial)								
3.	Apex Strategies Group					Disburs		Y	
	Mailing Address 300 Knollridge Court				03		13	2015	
	El Dorado Hills	State Zip Code CA 95762			Trans	action II	D : EXPB	30	
	Purpose of Disbursement Travel and Meals for Meeting			002	Amount	of Each	Disburse	ment thi	s Period
	Candidate Name		С	ategory/ Type		-,		ę	999.06
	Office Sought:    House   Disburser	nent For: Primary Genera Other (specify) ▼	l						
<b>-</b> -	Full Name (Last, First, Middle Initial) PR Newswire					Disburs			
	Mailing Address GPC 5897				04		27	2015	Y = Y
	City S	State Zip Code NY 10087			Trans	action II	D : EXPB3	32	
	Purpose of Disbursement Advertising Production Candidate Name		C	004 ategory/	Amount	of Each	Disburse		
	Office Sought: House Disburser	ment For:		Type		- 7			70.00
		Primary Genera Other (specify)	l						
	State: District:								

To reach category of the Debutaled Summary Page 2 2 2 28 28 28 24 25 2 2 2 2 28 28 28 28 28 28 28 28 28 28 2	SCHEDULE B (FEC Form 3X)	Line congrete schedule(s)			PAGE 9 OF 11
Amount of Each Disbursement this Period Category's Disbursement Candidate Name  Category's Disbursement  Category's Disbursement  Category's Disbursement  Category's Disbursement  Category's Disbursement  Candidate Name  Category's Disbursement  Category's Disburse	TEMIZED DISBURSEMENTS	for each category of the	<b>X</b> 21b	22 23	
NAME OF COMMITTEE (in Full) Our Patients Our Voice PAC  Full Name (Last, First, Middle Initial)  Bell, McAndrews & Hitachk  Mailing Address 455 Capitol Mall, Suite 600  City Sacramento CA 95814  Purpose of Disbursement Administrative Expenses - Logal and Accounting Services  Candidate Name  Category' Type  Date of Disbursement this Period  Transaction ID : EXPB35  Amount of Each Disbursement this Period  Take 20  Diffice Sought: House Senate Primary General Disbursement For: State: Disinct:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Disbursement For: Senate Primary General Disbursement  Candidate Name  Office Sought: House Disbursement For: General Disbursement For: Senate Primary General Disbursement  Category' Type  Date of Disbursement  Candidate Name  Office Sought: House Disbursement For: General Disbursement For: General Disbursement To District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category' Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  District:  Amount of Each Disbursement this Period  District:  District: Amount of Each Disbursement this Period  Date of Disbursement this Pe					
Amount of Each Disbursement    Date of Disbursement	NAME OF COMMITTEE (In Full)	and addition of any political		23.3.1 35711134110	2301 3311111103.
Mailing Address 455 Capitol Mail, Suite 600  City State Zip Code Sacramento CA 95814  Purpose of Disbursement Administrate Expenses - Legal and Accounting Services Candidate Name  Category' Type  Office Sought: House Senate Primary General President Other (specify) ▼  Date of Disbursement this Period  Category' Type  Date of Disbursement this Period  Category' Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category' Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category' Type  Date of Disbursement this Period  Category'				Date of Dishur	reamant
Mailing Address 455 Capitol Mall, Suite 600  City State Zip Code CA 95814  Furpose of Disbursement Administrative Expenses - Legal and Accounting Services  City State Zip Code Category' Type  President District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For:  Senate Primary General Other (specify)   Category' Type  1489,20  Date of Disbursement this Period Category' Type  Category'	• Bell, IVICANdrews & Hiltachk				
Sacramento Purpose of Disbursement Administrative Expenses - Legal and Accounting Services Candidate Name  Office Sought: House President District: Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement this Perioc  Category/ Type  Amount of Each Disbursement this Perioc  Category/ Type  Amount of Each Disbursement this Perioc  Category/ Type  Office Sought: President District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Perioc  Category/ Type  Date of Disbursement this Perioc  Category/ Type  Amount of Each Disbursement this Perioc  Category/ Type  Office Sought: Date of Disbursement  Candidate Name  Office Sought: House President  Candidate Name  Office Sought: President Disbursement  Candidate Name  Office Sought: President Disbursement For: Senate Primary General Other (specify) Type  Office Sought: President Disbursement For: Senate Primary General Other (specify) Type  Substortal of Disbursements This Page (optional)	Mailing Address 455 Capitol Mall, Suite 600			05	15 2015
Saramento CA 99814 Purpose of Disbursement Administrative Expenses - Legal and Accounting Services Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type  District:  Full Name (Last, First, Middle Initial) Amount of Each Disbursement Candidate Name  City State Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement Candidate Name  Office Sought: Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period Category/ Type  Date of Disbursement Category/ Type  Office Sought: Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement Category/ Type  Date of Disbursement Category/ Type  Office Sought: Category/ Type  Date of Disbursement this Period Category/ Type  Date of Disbursement This Period Category/ Type  Date of D	-			Transaction	ID : EXPB35
Administrative Expenses - Legal and Accounting Services  Candidate Name  Other (specify) ▼  Idea of Disbursement this Period  Category' Type  Idea of Disbursement this Period  Category' Type  Idea of Disbursement this Period  Category' Type  Date of Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category' Type  Other (specify) ▼		CA 95814		Transaction	ID . EXI BOO
Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement this Period Category/ Type  Office Sought: House Primary General Primary General Other (specify) ▼  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement this Period Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substortal of Disbursements This Page (optional) Type  Substortal of Disbursements This Page (optional) This Page (optional) Table 20  1489.20	'	ervices	001	Amount of Eac	ch Disbursement this Period
Office Sought:	Candidate Name				1489.20
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substortal of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substortal of Disbursements This Page (optional)	Senate	Primary General	туре		
Date of Disbursement  City  State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City  State Zip Code  Purpose of Disbursement  Candidate Name  Other (specify) ▼  Date of Disbursement this Period  Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General  Other (specify) ▼  Substrotal of Disbursements This Page (optional)					
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Disbursement For:  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Disbursement For:  Senate Primary General Other (specify) ▼  State: District:  Substate: District:  Substate: District: District: District:  Substate: District: Distri	Full Name (Last, First, Middle Initial)  3.			Date of Disbu	rsement
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substract  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:	Mailing Address		M = M / D	/ Y = Y = Y	
Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Category/ Type  District:  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitution: Date of Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitution: Disbursement For: Senate Primary General Other (specify) ▼  State: District:					
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substitute: District: Amount of Each Disbursement this Period  Category/ Type  State: District: Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  State: District: Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  State: District: Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  State: District:	City	State Zip Code			
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substock Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substock Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substock Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Purpose of Disbursement			Amount of For	ch Dichurcement this Boried
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substract Senate Primary General Other (specify) ▼  State: District:   Substract Senate Primary General Other (specify) ▼  Substract State: Disbursements This Page (optional)	Candidate Name			Amount of Eac	on Dispursement this Period
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Primary General Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General			
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substruct: District:   Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  1489.20					
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	<b>.</b>			Date of Disbur	rsement
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substotal of Disbursements This Page (optional)	Mailing Address			M M / D	/ Y   Y   Y   Y
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)	City	State Zip Code			
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate President Other (specify) ▼  State: District:  Subtotal of Disbursements This Page (optional)	Purpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)	Candidate Name		Category/ Type		
SUBTOTAL OF DISDUISEMENTS THIS Fage (Optional)	Senate President	Primary General			
	SUBTOTAL of Disbursements This Page (ontional)				1489.20
	CODICIAL OF DISBURSCHICKS THIS Fage (Optional)				8673.91

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

AME OF COMMITTEE (IN Full)  Our Patients Our Voice PAC					
A. Full Name (Last, First, Middle Initial) of Debte	Nature of Debt (Purpose): Administrative Expenses - Legal and				
Bell, McAndrews & Hiltachk	Bell, McAndrews & Hiltachk				
Mailing Address 455 Capitol Mall, Suite 600	Mailing Address 455 Capitol Mall, Suite 600				
City State	Zip Code	-			
Sacramento	CA 95814				
Outstanding Balance Beginning This Period		Transaction ID : PAYD11			
981.75					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	981.75	0.00			
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):			
Bell, McAndrews & Hiltachk		Administrative Expenses - Legal and Accounting Services			
Mailing Address 455 Capitol Mall, Suite 600					
City State	•				
Sacramento	CA 95814				
Outstanding Balance Beginning This Period		Transaction ID : PAYD17			
1280.10					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	1280.10	0.00			
C. Full Name (Last, First, Middle Initial) of Debte Bell, McAndrews & Hiltachk	or or Creditor	Nature of Debt (Purpose): Administrative Expenses - Legal and Accounting Services			
Mailing Address 455 Capitol Mall, Suite 600		-			
City	State Zip Code	-			
Sacramento	CA 95814				
Outstanding Balance Beginning This Period		Transaction ID : PAYD34			
0.00					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
397.80	0.00	397.80			
) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	397.80			
) TOTALS This Period (last page this line number	r only)				
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)				
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)				

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

9 **X** 10

OF

NAME OF COMMITTEE (In Full) Our Patients Our Voice PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Advertising Production** Multiplicity Media Productions, Inc. Mailing Address 5023 N. Parkway Calabasas City State Zip Code Calabasas 91302 Transaction ID: PAYD18 Outstanding Balance Beginning This Period 2250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2250.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Advertising Production** PR Newswire Mailing Address GPC 5897 City State Zip Code New York NY 10087 Outstanding Balance Beginning This Period Transaction ID: PAYD31 970.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 970.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 1) SUBTOTALS This Period This Page (optional)..... 397.80 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 397.80 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)